

031104

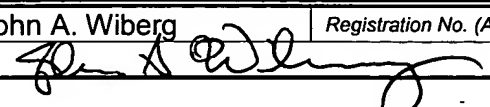
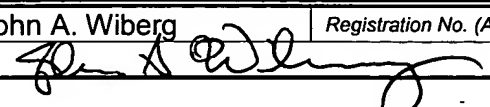
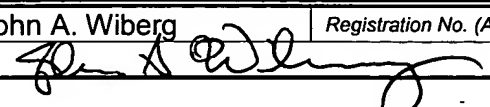
16138 U.S. PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 1376US02																								
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		First Inventor Agazzi																								
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		Title SYSTEM AND METHOD FOR TRELLIS DECODING IN A MULTI-PAIR TRANSCIEVER SYSTEM																								
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Express Mail Label No. EL 848969966 US																								
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>58</u>] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure																										
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>14</u>]																										
5. Oath or Declaration [Total Sheets <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>																										
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																										
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																										
8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies																										
ACCOMPANYING APPLICATION PARTS																										
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))																										
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>																										
11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>																										
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations																										
13. <input checked="" type="checkbox"/> Preliminary Amendment																										
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>																										
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>																										
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.																										
17. <input type="checkbox"/> Other:																										
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/858,990 Prior application information: Examiner: <u>G. Lamarre</u> Art Unit: <u>2133</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																										
19. CORRESPONDENCE ADDRESS																										
<input checked="" type="checkbox"/> Customer Number: 23446 OR <input type="checkbox"/> Correspondence address below																										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">Name</td><td colspan="2"></td></tr><tr><td colspan="2" style="padding: 2px;">Address</td><td colspan="2"></td></tr><tr><td style="padding: 2px;">City</td><td style="padding: 2px;">State</td><td style="padding: 2px;">Zip Code</td><td></td></tr><tr><td style="padding: 2px;">Country</td><td style="padding: 2px;">Telephone</td><td style="padding: 2px;">312-775-8000</td><td style="padding: 2px;">Fax 312-775-8100</td></tr><tr><td style="padding: 2px;">Name (Print/type)</td><td colspan="2" style="padding: 2px;">John A. Wiberg</td><td style="padding: 2px;">Registration No. (Attorney/Agent) 44,401</td></tr><tr><td style="padding: 2px;">Signature</td><td colspan="2" style="padding: 2px;"></td><td style="padding: 2px;">Date March 11, 2004</td></tr></table>			Name				Address				City	State	Zip Code		Country	Telephone	312-775-8000	Fax 312-775-8100	Name (Print/type)	John A. Wiberg		Registration No. (Attorney/Agent) 44,401	Signature			Date March 11, 2004
Name																										
Address																										
City	State	Zip Code																								
Country	Telephone	312-775-8000	Fax 312-775-8100																							
Name (Print/type)	John A. Wiberg		Registration No. (Attorney/Agent) 44,401																							
Signature			Date March 11, 2004																							

22858 U.S. PTO
10/798675

031104



16138 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Agazzi
		Examiner Name	unassigned
Group Art Unit	unassigned		
TOTAL AMOUNT OF PAYMENT	(\$1076.00)	Attorney Docket No.	13476US03

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$770.00)					
2. EXTRA CLAIM FEES					
Total Claims 37 - 20** = 17 x		Extra Claims Fee from below 18.00 =		Fee Paid 306.00	
Independent Claims 2 - 3** = 0 x		86.00 =		0.00	
Multiple Dependent				0.00	
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$306.00)					
**or number previously paid, if greater; For Reissues, see above					
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$0.00)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	John A. Wiberg	Registration No. (Attorney or Agent)	44,401	Telephone	312-775-8000
Signature		Date	March 11, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.